

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/680,228

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/					
4	/		/			
5	/		/			
6	/		/			
7	/					
8	/		/			
9	/					
10	/					
11	/					
12	/		/			
13	/		/			
14	/		/			
15	/		/			
16	/		/			
17	/		2		2	
18	/		2			
19	/		2			
20	/					
21	/		2			
22	/					
23	/		2			
24	/		2			
25	/		2			
26	/		2			
27	/		2			
28	/		2			
29	/					
30	/		1			
31	/	2	1			
32	/		1			
33	/					
34	/					
35	/		1			
36	/		1			
37	/					
38	/					
39	/					
40	/					
41	/					
42		1	2		1	
43	/		2			
44	/		2			
45	/		2			
46	/		2			
47	/		2			
48	/		2			
49	/		2			
50	/		1			
TOTAL IND.	3		9			
TOTAL DEP.	78	↔	97	↔		↔
TOTAL CLAIMS	81		106			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		/	
52	/		/		/	
53	/					
54	/		2			
55	/		2			
56	/		2			
57	/		2			
58	/		2			
59	/		2			
60	/		2			
61	/		2			
62	/		2			
63	/		2			
64	/		2			
65	/					
66	(1)		(1)			
67	/		/			
68	/		/			
69	/		/			
70	/		/			
71	/		/			
72	/		/			
73	/		/			
74	/		/			
75	/		/			
76	/		/			
77	/		/			
78	/		/			
79	/		/			
80	/		/			
81	/		/			
82			/			
83			/			
84			/			
85			/			
86			/			
87			/			
88			/			
89			/			
90			/			
91			/			
92			/			
93			/			
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						